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2
3 **UNITED STATES BANKRUPTCY COURT**
4 **FOR THE CENTRAL DISTRICT OF CALIFORNIA**
5

6 In re

) Bk. No.

7)
8 [Chapter]

9 Debtor(s).
10 _____

) Adv. No.

11
12 Plaintiff(s)/Movant(s),

13 v.

) **MEDIATOR'S CONFIDENTIAL**
REPORT OF MEDIATION
CONFERENCE

14
15 Defendant(s)/Respondent(s).
16 _____

) **CONFIDENTIAL -- NOT**
TO BE FILED WITH THE
COURT

17 I hereby certify that the following information is true and correct to the best of my
18 information and belief:

19 1. How did you learn of your mediation assignment? (PLEASE CHECK ALL THAT
20 APPLY)

21 (a) Received Court order ____; (b) Phone call ____;

22 (c) Fax from Mediation Program staff ____;

23 (d) Other _____.

24 2. In what capacity did you serve?

25 (a) Mediator ____; (b) Alternate Mediator ____;

26 (c) Successor Mediator ____; (d) Successor Alternate Mediator ____.

- 1 3. How did the mediation assignment conclude?
2 (a) Settled _____; (b) Did NOT settle _____.
3 4. How many hours did you spend scheduling and preparing for the mediation
4 conference? _____
5 5. How many hours did you spend attending the conference? _____
6 6. Which dispute resolution procedure(s) did you use? (IF MORE THAN ONE
7 METHOD USED, PLEASE ESTIMATE PERCENTAGE OF TIME SPENT ON EACH)
8 (a) Early neutral evaluation: _____ (_____%)
9 (b) Settlement negotiation: _____ (_____%)
10 (c) Mediation: _____ (_____%)
11 (d) Other: _____ (_____%)
12 (Describe): _____
13 _____
14 7. Were you compensated for your mediation services? _____
15 8. Have you filed Form 706 (Mediator's Certificate Regarding Completion of
16 Mediation Conference) with the Court, and mailed courtesy copies to the judge assigned
17 to the matter and to Judge Russell (the Mediation Program Administrator)? _____
18 9. Comments/suggestions: _____
19 _____
20 _____
21 _____
22 _____
23
24 DATED: _____ (Name of Mediator)
25 _____
26 _____ (Signature of Mediator)

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MEDIATION CONFERENCE ATTENDANCE FORM

Case Name: _____
Case No.: _____
Adversary Proceeding Name: _____
Adversary Proceeding No.: _____
Date(s) of Conference(s): _____
Mediator: _____

Instructions: All attorneys and client representatives who attend the conference shall provide the following information to the Mediator. **PLEASE WRITE OR PRINT CLEARLY.**

ATTORNEYS

Name: _____	Name: _____
Firm: _____	Firm: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Attorney for: _____	Attorney for: _____
_____	_____
Name: _____	Name: _____
Firm: _____	Firm: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Attorney for: _____	Attorney for: _____
_____	_____

[Attach additional page(s) if necessary.]

CLIENT AND/OR CLIENT REPRESENTATIVES

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Party Representing: _____

Party Representing: _____

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Party Representing: _____

Party Representing: _____

[Attach additional page(s) if necessary.]

Mail to: Hon. Barry Russell
Mediation Program Administrator
United States Bankruptcy Court
255 East Temple Street, Suite 1660
Los Angeles, California 90012